General
Pharmaceutical
Council

Registered pharmacy inspection report

Pharmacy Name: Beecham Pharmacy, 33/35 Commercial Street, Norton, MALTON, North Yorkshire, YO17 9HX

Pharmacy reference: 1038953

Type of pharmacy: Community

Date of inspection: 02/12/2021

Pharmacy context

The pharmacy is on a high street in Norton-on-Derwent near Malton. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including the NHS New Medicines Service (NMS) and seasonal flu vaccinations. They provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service. The inspection was completed during the Covid-19 pandemic.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has appropriate procedures in place to help manage the risks in the pharmacy. And it keeps the records required by law. Pharmacy team members record the mistakes they make during dispensing. They suitably discuss and reflect on these mistakes and make changes to help prevent similar mistakes from happening again. They understand their responsibilities in protecting people's private information and they keep this information safe. Pharmacy team members know how to help protect the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These had been implemented in October 2019 when the new owner commenced operation of the pharmacy. The superintendent pharmacist (SI) had included dates of the next review on each SOP. And each procedure contained a version control number to help people make sure they were reading the most up-to-date procedure. Pharmacy team members had signed to confirm they had read and understood the procedures. The pharmacy had a dedicated SOP to defined pharmacy team members' roles. These roles were defined according to team members' level of qualification. Pharmacy team members explained that they defined responsibilities for day-to-day tasks verbally as well. The pharmacy employed two pharmacy technicians who were qualified to perform the final accuracy check of prescriptions. It had a procedure in place to clearly manage the technician's checking role, including how they identified which prescriptions they were able to be check and whether the pharmacist had screened prescriptions for clinical safety.

The pharmacy was providing a seasonal flu vaccination service to people. Pharmacy team members had completed a risk assessment for the service in August 2021 to help them plan and manage the risks of providing the service, including the risks of the service during the coronavirus pandemic. The pharmacist and pharmacy technicians had completed training to provide vaccinations to people. They were using both the NHS patient group direction (PGD) and the NHS national protocol as the frameworks for providing the service. The pharmacy had an up-to-date SOP to help team members provide the service safely. The pharmacy technician explained how the service operated. They were clear about the limitations of their role. And what tasks could only be completed by the pharmacist.

The pharmacy had completed a risk assessment to help them manage the risks of the coronavirus pandemic. Pharmacy team members were wearing masks while they worked. And they tried to maintain appropriate social distancing where possible throughout the day. They regularly cleaned and sanitised surfaces in the pharmacy. The pharmacy had hand sanitiser available in various locations for people using the pharmacy and pharmacy team members to use. The pharmacy asked people to wear a face covering while they used the pharmacy. And it had a plastic screen at the pharmacy counter for pharmacy team members to stand behind to help prevent transmission of coronavirus.

Pharmacy team members highlighted and recorded near miss errors they made when dispensing. Pharmacy team members discussed the errors they made and why they might have happened. And they analysed their records to look for patterns. They used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, and highlighting the shelves where these

medicines were kept, to help prevent them picking the wrong medicine from the shelves. The pharmacy had a process for dealing with dispensing errors that had been given out to people. Pharmacy team members recorded their errors using an online reporting system. And they printed a copy of the report to keep in the pharmacy. They discussed their errors. And made changes to help prevent them happening again. In the sample of records seen, team members did not always capture much information about why the mistakes had been made or the changes to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed at monthly patient safety review meetings. Review of errors and subsequent meetings were led by a pharmacy technician. And team members explained they were always encouraged to suggest changes to help prevent errors and make their services safer.

The pharmacy had a procedure to deal with complaints handling and reporting. But there were no materials available in the pharmacy’s retail area to signpost people to the complaints and feedback process. The SI gave his assurance that a supply of the pharmacy’s practice leaflet would be made available immediately. The pharmacy mainly collected feedback from people verbally. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. Pharmacy team members audited these against the physical stock quantity each time they made an entry in a register. And routinely every month. They audited their register for methadone each week. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record. And this was also complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records and records of emergency supplies of medicines electronically, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It had confidential waste collected by a secure waste disposal contractor. Pharmacy team members clearly explained how important it was to protect people's privacy and how they would protect confidentiality. The pharmacy had a file of training information available for team members about the General Data Protection Regulations (GDPR) and information security. Pharmacy team members read the information each year to refresh their knowledge. And signed to confirm their understanding. Each pharmacy team member had signed a confidentiality agreement.

Pharmacy team members gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure explaining how team members should raise their concerns about children and vulnerable adults. And this included contact information for local safeguarding teams. Pharmacy team members completed training appropriate for their roles via e-learning in 2020.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They regularly complete ongoing training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel empowered to share ideas and make suggestions. And the pharmacy responds by making changes to help improve its services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the responsible pharmacist, a pharmacy technician, and a dispenser. The superintendent pharmacist (SI) was also present for part of the inspection. Pharmacy team members kept their skills and knowledge up to date by completing e-learning modules ad hoc throughout the year. Some recent examples included training about sepsis and suicide awareness. The pharmacists and pharmacy technicians were also subject to mandatory revalidation each year as a condition of their professional registration. Pharmacy team members also regularly discussed topics with the pharmacist and each other. Pharmacy team members had regular discussions with the SI about their development and training requirements. The SI tried not to be too formal about his approach to appraisal and performance review. Instead, he regularly gave people the opportunity to reflect on their skills and behaviours to allow them to drive the necessary changes to help them grown and improve. Pharmacy team members were enjoying the SI's fresh approach to their development. They explained the SI was also good at celebrating their competence and achievements. And they felt supported and encouraged to identify their development opportunities and strive to be better.

Pharmacy team members explained how they would raise professional concerns with the SI ad hoc or at their monthly team meetings. Pharmacy team members felt free and encouraged to make suggestions and share ideas about how the pharmacy could improve, both after errors and proactively. One recent example was team members introducing a tote system to store acute prescriptions that had been downloaded and dispensed after someone had contacted their GP. By placing these prescriptions in a dedicated tote, it made them easier and quicker to find and retrieve when the person arrived at the pharmacy to collect their medicines. The pharmacy had a whistleblowing process in place which pharmacy team members could use to raise a concern about the pharmacy anonymously. But pharmacy team members were unsure about how to access the procedure. They knew to look in the folder for the relevant standard operating procedure. This was discussed and they gave their assurance they would discuss the process further at their next team meeting.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and well maintained. It provides a suitable space for the services provided. And it has suitable facilities so people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passageways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door. The pharmacy had other suitable areas in the retail area where people could have discreet discussions with pharmacy team members, while maintaining proper social distancing. The pharmacy had installed a clear screen at the retail counter to help prevent the spread of coronavirus.

The pharmacy had a clean, well maintained sink in the dispensary which was used for medicines preparation. It had a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. The pharmacy provided team members with hand sanitiser in various locations to help them regularly maintain good hand hygiene. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible to people. And it provides its services safely and effectively. Pharmacy team members use technology well to improve ways of working. The pharmacy sources and stores its medicines appropriately. And it manages its medicines effectively. The pharmacy helps some people to take their medicines correctly by providing them in compliance packs. But pharmacy team members don't regularly provide these people with necessary written information about their medicines.

Inspector's evidence

The pharmacy had level access from the street through automatic doors. Pharmacy team members explained how they would support people who may have difficulty accessing the pharmacy services. They explained how they would communicate in writing with people with a hearing impairment. And provide large-print labels to help people with a visual impairment.

A good proportion of the pharmacy's prescriptions were checked for accuracy by two pharmacy technicians. Each prescription had a quadrant added for people to sign to help maintain an audit trail of the people involved in the dispensing process. The pharmacist performed a clinical check of each prescription and signed the quadrant to confirm this check had been completed. The person who dispensed the prescription signed another part of the quadrant. Pharmacy team members also signed the quadrant, and the dispensed-by and checked-by boxes on dispensing labels, in different coloured pens assigned to them. This helped the pharmacy technicians easily identify who had been involved in the dispensing process before they checked each prescription. A technician explained that if the received a prescription to check that had not been signed by the pharmacist, they would return it to them for clinical screening before they completed the prescription. And they did not check a prescription they had dispensed. This helped to make sure that prescriptions were checked by someone who had not been involved in their preparation.

Pharmacy team members used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. These baskets were colour coded to identify prescriptions with different priorities. Coloured tags were attached to baskets containing prescriptions where items were owed to people. This helped pharmacy team members easily identify prescriptions when the pharmacy's stock order arrived each day. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And he checked if the person was aware of the risks if they became pregnant while taking the medicine. He also checked if they were on a pregnancy prevention programme. The pharmacy had stock of printed information material to give to people to help them manage the risks. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. But they did not routinely provided people with patient information leaflets about their medicines. A team member explained leaflets were provided when a medicine was new, and approximately every six months after that. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet. They also used a communications book to record any telephone conversation they had about someone's medicines to help maintain an audit trail of changes made.

The pharmacy delivered medicines to people. It used an electronic system to manage and record deliveries which uploaded information to the driver's handheld device. Under normal circumstances, people signed on the driver's device to confirm they had received their prescription. But the driver was not currently asking people to sign to help prevent transmission of coronavirus. The driver signed to confirm a delivery had been made successfully. Pharmacy team members highlighted bags containing controlled drugs (CDs) on the driver's device and on the prescription bag. The pharmacy continued to ask people to sign a separate paper delivery docket to confirm they had received their CDs. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The electronic system also allowed pharmacy team members to track the delivery driver's progress. This helped them to deal with any queries while the driver was out of the pharmacy.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in two fridges each day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every three months. And up-to-date records were seen. Pharmacy team members highlighted and recorded any short-dated items up to six months before their expiry. And they removed expiring items at the beginning of their month of expiry. The pharmacy responded to drug alerts and recalls. It quarantined any affected stock found for destruction or return to the wholesaler. It recorded any action taken. And records included details of any affected products removed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people’s confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had equipment available to help prevent the transmission of coronavirus. These included gloves, hand sanitiser and face shields. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had a suitable equipment to securely store its confidential waste waiting to be collected for destruction. It kept its computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected. The pharmacy fridges were in good working order. The pharmacy restricted access to all equipment and it stored all items securely.

What do the summary findings for each principle mean?

Finding	Meaning
✔ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✔ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✔ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.